U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond

PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number													
Substitute for Form PTO-875											10/707576		
APPLICATION AS FILED - PART I													
1			lumn 1)	.cu -		Column 2)		SMALL ENTITY		OR		R THAN	
FOR											٦	SWALL	ENTITY
BASIC FEE			NUMBER FILED		NUMBER EXTRA		4	RATE (\$)	FEE (\$)	_	RATE (\$)	FEE (\$)	
(37 CFR 1.16(a), (b), or (c))													
SEARCH FEE (37 CFR 1.16(k), (i), or (m))].					†
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))								1	<u> </u>	 	-	 	
TOTAL CLAIMS			38 minus 20 =			. 18		1		 	-		
(37 CFR 1.16(i)) INDEPENDENT CLAIMS			70 mlnus 20 =			(8		1	× 25 =		OR	× 50 =	Ì
(37 CFR 1.16(h))			5 minus 3 =			. 2			x/00 =			x 200 =	
If the specification and drawings exceed 100 sheets of paper, the application size fee due									_ `	 	1	F	<u> </u>
FE	PLICATION SIZE E	=	is \$250 (i paper, i \$125 for	ine api	plication s	size fee due				İ	Ī	
(37	CFR 1.16(s))		is \$250 (\$125 for small additional 50 sheets or			fraction thereof. See		1					
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													,
ΜU	LTIPLE DEPEN	DENT C	LAIM PRES	SENT (37	CFR 1,	16(j))							
										 	┨	L	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		j	TOTAL	
APPLICATION AS AMENDED - PART II													
							•						
(Column 1) (Column 2) (Column 3)									SMALL ENTITY		OR OTHER THAN SMALL ENTITY		
ENDMENT A			LAIMS MAINING		HIGHEST NUMBER		PRESENT	7 [1	T SIMALE	CIAILL
	7/15/00	1 A	FTER		PRE'	VIOUSLY	EXTRA	Н	RATE (\$)	ADDI- TIONAL	ĺ	RATE (\$)	ADDI- TIONAL
	Total		NDMENT	Minus	PA 	ID FOR		1		FEE (\$)			FEE (\$)
	(37 CFR 1 16(i))		38		_2	38		 	× 25 =		OR	x 30 =	
	(37 CFR 1 16(h))	\		Minus	•••	5	=	Ц	./00			200	
AME	Application Size Fee (37 CFR 1.16(s))								~ -		OR	X	
۹.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(1))										0.5		
								, ,	TOTAL		OR	7074	
									ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Coli	umn 1)		(C	olumn 2)	(Column 3)					•	
8			AIMS IAINING			HEST	DDCCCUT	ΙГ			1		
		Af	TER			MBER 4OUSLY	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL		RATE (\$)	ADDI-
AMENDMENT	Total	AMEN	DMENT	No.	PAI	D FOR		L		FEE (\$)	l		TIONAL FEE (\$)
	(37 CFR 1 16(i))			Minus	•		=		х =				
	Independent (37 CFR 1 16(h))	•		Minus	•••		2	<u> </u>			OR	× =	
	Application Size Fee (37 CFR 1.16(s))							-	X		OR	X =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())										Ì		
	(S. C.										OR		
									TOTAL ADD'L FEE		OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20" ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"												ADD'L FEE	
	If the "Highest N If the "Highest No.								-20-				
	The "Highest Nu	mher P	reviously Da	id East /T		SPACE IS	iess man 3, er	iter ".	3"				- 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS Appeals SEND TO. Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450. (Total or Independent) is the highest number found in the appropriate box in column 1. ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

